

MULTIPLE DEPENDENT  
FEE CALCULATION  
(FOR USE WITH FORM 7)

	AS FILED		AFTER 1st AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2		1		
3				
4				
5				
6				
7				
8		1		
9				
10		1		
11				
12		1		
13				
14		1		
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50				
TOTAL IND.	2		↓	
TOTAL DEP.	19	↓		↓
TOTAL CLASOS	21	↓	↓	↓

CLAIM EET 575	CLAIM NO. 101865353	FILING DATE
<b>CLAIMS</b>		
TER ANDIMENT	AS FILED	AFTER 1st AMENDMENT
DEP.	IND.	DEP.
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98		
99		
100		
TOTAL IND.		↓
TOTAL DEP.		↓
TOTAL CLASOS		↓